

8871

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

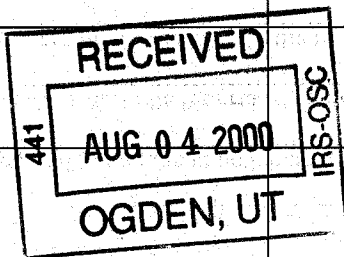
1 Name of organization Delta PAC		Employer identification number 38 2435701
2 Mailing address (P.O. Box or number, street, and room or suite number) P.O. Box 293		
City or town, state, and ZIP code Okemos, MI 48864		
3 E-mail address of organization		
4a Name of custodian of records Nancy Hostetler	4b Custodian's address 4100 Okemos Road Okemos, MI 48864	
5a Name of contact person Debra Fedewa	5b Contact person's address 4100 Okemos Road Okemos, MI 48864	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 4100 Okemos Road		
City or town, state, and ZIP code Okemos, MI 48864		

Part II Purpose

7 Describe the purpose of the organization
The purpose of the Organization is to make contributions and expenditures pursuant to the Michigan Campaign Finance Act, and to engage in activities not otherwise prohibited by the Michigan Campaign Finance Act. The Organization files periodic reports of contributions and expenditures with the Michigan Department of State, and these reports are made available to the public in the offices of the Michigan Department of State and on the internet.

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
Delta Dental Plan of Michigan, Inc.	connected	P.O. Box 30416 Lansing, MI 48909-7916



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Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)

[illegible]

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign
Here**

Signature of authorized official

Date _____



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